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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Lance W. Sealey
SIMON MICHAEL ROWE ET AL.)
: Group Art Unit: 2671
Appln. No.: 09/229,898)
: Filed: January 14, 1999)
: For: IMAGE PROCESSING)
: APPARATUS)
: June 27, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

JUL 07 2003

Technology Center 2600

AMENDMENT AND
PETITION FOR EXTENSION OF TIME

Sir:

Applicants petition to extend the time for response to the Office Action of February 27, 2003, to June 27, 2003. A check in the amount of \$110.00 in payment of the ex-tension fee is enclosed. Please charge any additional fee and credit any overpayment to our Deposit Account 06-1205.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

27 June 2003

(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)

(Name of Attorney for Applicant)

Leonard P. Diana

Signature

27 June 2003

Date of Signature

07/03/2003 JBALINAH 00000049 09229898

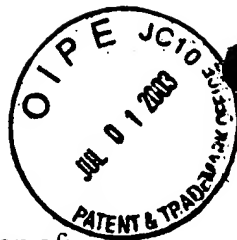
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07/03/2003 JBALINAH 00000050 09229898

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In re Application of:

Docket No. 01263.000700.

SIMON MICHAEL ROWE ET AL.

Application No.: 09/229,898

Examiner: Lance W. Sealey

Filed: January 14, 1999

Group Art Unit: 2671

For: IMAGE PROCESSING APPARATUS

Date: 27 June 2003

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

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Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 239	MINUS	** 248	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 62	MINUS	*** 61	= 0	x \$42 \$84	\$84.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$84.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☒ A check in the amount of \$84.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.


☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Leonard P. Diana
Registration No. 29,296

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